



**Testimony of
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**RB 189: AN ACT CONCERNING NOTICE TO THE DEPARTMENTS OF PUBLIC HEALTH AND
EDUCATION REGARDING THE IMMUNIZATION OF SCHOOL CHILDREN.**

Good afternoon Senator Stillman, Representative Fleischmann and members of the Education Committee. I am Verna Bernard-Jones and I am a school nurse at West Middle School in Hartford. I'm also President of the Hartford Federation of Teachers Health Professionals, a local union representing 65 school nurses and health professionals employed in the Hartford school district. I am here today to testify in support of RB 189: AN ACT CONCERNING NOTICE TO THE DEPARTMENTS OF PUBLIC HEALTH AND EDUCATION REGARDING THE IMMUNIZATION OF SCHOOL CHILDREN.

In the U.S., vaccines have reduced or eliminated many infectious diseases that once routinely killed or harmed many infants, children, and adults. However, the viruses and bacteria that cause vaccine-preventable disease and death still exist and can be passed on to people who are not protected by vaccines. Vaccine-preventable diseases have many social and economic costs: sick children miss school and can cause parents to lose time from work. These diseases also result in doctor's visits, hospitalizations, and even premature deaths.

Vaccine-preventable disease levels are at or near record lows according to the CDC. Even though most infants and toddlers have received all recommended vaccines by age 2, many under-immunized children remain, leaving the potential for outbreaks of disease. Many adolescents and adults are under-immunized as well, missing opportunities to protect themselves against diseases such as Hepatitis B, influenza, and pneumococcal disease.

The VFC program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. VFC was created by the Omnibus Budget Reconciliation Act of 1993 as a new entitlement program to be a required part of each state's Medicaid plan. The program was officially implemented in October 1994.

Children through 18 years of age who meet at least one of the following criteria are eligible to receive VFC vaccine:

- **Medicaid eligible:** A child who is eligible for the Medicaid program. (For the purposes of the VFC program, the terms "Medicaid-eligible" and "Medicaid-enrolled" are equivalent and refer to children who have health insurance covered by a state Medicaid program)
- **Uninsured:** A child who has no health insurance coverage

- **American Indian or Alaska Native:** As defined by the Indian Health Care Improvement Act (25 U.S.C. 1603)
- **Underinsured:** A child who has commercial (private) health insurance but the coverage does not include vaccines, a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only), or a child whose insurance caps vaccine coverage at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured. **Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).**

In addition to the VFC, The Children's Health Insurance Program (CHIP), known as Title XXI, enables states to expand health insurance coverage for uninsured children. Title XXI children enrolled in a separate Children Health Insurance Program are not VFC-eligible because these children are considered insured. Title XXI children enrolled in a Medicaid-expansion CHIP program are Medicaid eligible and entitled to VFC program benefits. Some states have implemented their CHIP programs as a combination plan with some children becoming Medicaid eligible through an expansion plan and some children enrolled in a separate CHIP. Many school districts also have School Bases Health Centers (SBHC) and many others offer immunization in school given by the school nurse.

Yet with all these programs and resources available we have children in some schools districts that are allowed to enter school without being properly immunized or have their required physical exam. While most school district complies fully with the laws there are some Administrators seem not to think compliance is important. Nurses are told they must let these students enroll in school. The problem with this is once they are in school it is almost impossible to get these students in compliance. These parents no longer feel the need to take the child to the doctor or provide the necessary paperwork once they are let into school. It is extremely frustrating for the school nurse who must spend many hours trying to get students into compliance. Last school year I had a kindergarten student who I was told by the Principal I should let the child enroll without proof of proper immunization and up to date physical as required by the state. I tried unsuccessfully from September to December to get immunizations and the mandated physical. This child also had other health and issues. I gave the parent information for many community resources including the School Base Health Center that would do the physical and immunization for free but the student remain in school without the mandated immunizations. As a last resort I finally made a DCF report for medical neglect. This is something that most nurses do not want to do.

I ask for your support of this bill and ask that DPH also expand the immunization registry to include access to school nurses as other states do.

Immunization Data

- % of Kindergarten Students receiving Exemptions
 - Medical exemptions for public school students rose from **0.2%** in 2009-2010 to **0.3%** in 2010-2011
 - Medical exemptions for private school students rose from **0.2%** in 2009-2010 to **0.4%** in 2010-2011
 - Religious exemptions for public school students rose from **0.8%** in 2009-2010 to **0.9%** in 2010-2011
 - Religious exemptions for private school students rose from **1.5%** in 2009-2010 to **1.7%** in 2010-2011
 - This shows an average increase of 0.1% in public exemptions and an increase in 0.2% in private school exemptions
- % of Kindergarten Students meeting State Immunization Requirements
 - Polio
 - Public schools dropped in students covered from **98.4%** in 2009-2010 to **98.3%** covered in 2010-2011
 - Private schools dropped in students covered from **97.4%** in 2009-2010 to **97.1%** covered in 2010-2011
 - Diphtheria
 - Public schools dropped in students covered from **98.5%** in 2009-2010 to **98.3%** covered in 2010-2011
 - Private schools dropped in students covered from **97.5%** in 2009-2010 to **97.2%** covered in 2010-2011
 - Tetanus
 - Public schools dropped in students covered from **98.5%** in 2009-2010 to **98.3%** covered in 2010-2011
 - Private schools dropped in students covered from **97.5%** in 2009-2010 to **97.2%** covered in 2010-2011
 - Pertussis
 - Public schools dropped in students covered from **98.5%** in 2009-2010 to **98.3%** covered in 2010-2011
 - Private schools dropped in students covered from **97.5%** in 2009-2010 to **97.2%** covered in 2010-2011
 - MMR
 - Public schools dropped in students covered from **98.6%** in 2009-2010 to **98.4%** covered in 2010-2011
 - Private schools increased in students covered from **97.5%** in 2009-2010 to **97.6%** covered in 2010-2011
 - Hepatitis B
 - Public schools dropped in students covered from **98.4%** in 2009-2010 to **98.1%** covered in 2010-2011
 - Private schools dropped in students covered from **97.7%** in 2009-2010 to **97.3%** covered in 2010-2011

- Varicella

- Public schools dropped in students covered from **98.4%** in 2009-2010 to **98.2%** covered in 2010-2011
- Private schools dropped in students covered from **97.9%** in 2009-2010 to **97.5%** covered in 2010-2011